

What is/are	
1. - the most important of the three muscles of levator ani	The Pubo-Coccygeus
2. - the age where closure of bone epiphysis occurs in most girls as an effect of ++ estrogen levels	Age of 15 Years
3. - the most commonly encountered type of genital tract bleeding	Abnormal Uterine Bleeding (AUB)
4. - the most cause of post menopausal bleeding	Atrophic Endometrium or Benign Lesions
5. - the commonest cause for 1ry amenorrhoea responsible for almost 30% of cases	Turner Syndrome
6. - the commonest cause for pathologic chronic anovulation and 2ry amenorrhoea	Polycystic Ovary Syndrome (PCOS)
7. - the common causes for false amenorrhoea or cryptomenorrhoea	Both Transverse Vaginal Septum & Imperforate Hymen
8. - the 1st common cause for cryptomenorrhoea	Imperforate Hymen
9. - the 2nd common cause for cryptomenorrhoea	Transverse Vaginal Septum
10. - the 2nd commonest cause for 1ry amenorrhoea responsible for almost 30% of cases	Complete or Partial Mullerian Agenesis (Rokitansky Syndrome)
11. - the commonest pituitary cause for hyperprolactinaemia	Prolactinomas
12. - the commonest cause for menstrual irregularities and secondary amenorrhoea in women, especially at the premenopausal and child bearing periods	Anovulation
13. - the commonest ovarian cause for 2ry amenorrhoea, chronic anovulation, and infertility	Polycystic Ovary Syndrome (PCOS)
14. - the commonest gynaecological complaint affecting almost 45-90% of women in their reproductive age	Dysmenorrhea
15. - the commonest cause of AUB in Childhood	Vulvovaginitis
16. - the commonest cause of gynaecologic bleeding in Reproductive age group	DUB
17. - the commonest causes of AUB	Local Uterine Lesions; as Leiomyomata, Adenomyosis, Endometrial Polyps, Cervical Polyp, Cervicitis, and Cervical Erosion
18. - the best tool for diagnosing endometriosis and evaluating adnexal masses	Laparoscopy
19. - the gold standard in diagnosis of DUB	Pelvic U/S (TAS-TVS)
20. - the gold standard in diagnosis of EH in cases DUB due to metropathia haemorrhagica	Endometrial Biopsy
21. - the gold standard in diagnosis of endometrial hyperplasia and carcinoma in menopausal women presenting with postmenopausal bleeding	Endometrial Biopsy
22. - the gold standard in premalignant endometrial & cervical lesions as EH and CIN in the menopause	Hysterectomy
23. - the 1st line of treatment in anovulatory conditions with normel FSH production and intact hypothalamic pituitary axis as in cases of PCOD, and post pill amenorrhea	Clomiphene Citrate (CC)
24. - the 1st line of treatment in moderate to severe PMS cases	Fluoxetine
25. - the 1st sign of puberty to occur	Growth Spurt

VISIT...

LANZAROTE
Caliente.COM

26.	- the most common vulval complaint	Vulval Itching
27.	- the most common cause of vulval itching	2ry to Vulvo-Vaginal Candidiasis, Trichomonal Infections or Lichen Sclerosus Et Atrophicus
28.	- the most common infectious diseases in the developed countries	Sexually Transmitted Diseases (STDs)
29.	- the least commonly encountered tumours in the ovary	Sex Cord Stromal Tumours
30.	- the second most commonly reported STD	Chlamydia trachomatis
31.	- the most infections type of HIV	HIV Type I
32.	- the causative organism that responsible for almost 30% of cases presenting with vulvovaginitis	Candida vaginitis
33.	- the 3rd most common cause for vaginitis	Trichomoniasis
34.	- the most common and most important organ affected by PID	The Fallopian Tube
35.	- the most common cause for acute salpingitis	Neisseria Gonorrhea
36.	- the most common symptom of acute PID	Acute Lower Abdominal Pain
37.	- the most commonly sites affected by bilharziasis	Vulva, Vagina, and Cervix
38.	- the most common presentation of Tuberculosis	Chronic Pelvic Pain associated with Low Grade Fever
39.	- the commonest bacterial vaginal infection encountered in gynaecologic practice	Bacterial vaginosis
40.	- the commonest cause for non-irritant, malodorous vaginal discharge encountered in women attending routine gynaecologic and obstetric clinics	Bacterial vaginosis
41.	- the commonest presentation in symptomatic cases of Bacterial vaginosis	Vaginal Discharge; Profuse, Non Irritant, Malodorous, Vaginal Discharge
42.	- the 3rd most common cause for vaginitis	Trichomoniasis
43.	- the commonest vaginal infestations associated with pruritus	Trichomonas vaginalis & Candida albicans
44.	- the commonest condition found in the elderly women complaining of vulval itching	LICHEN SCLEROSUS ET ATROPHICUS:
45.	- the commonest vulvar swelling	Bartholin cyst
46.	- the commonest symptom of vaginal discharge	Associated Burning Sensation in the Vulva & Vagina
47.	- the gold standard to confirm the diagnosis of AIDS	Laparoscopy
48.	- the most important part of cervical ligament for pelvic support	The Mackenrodt's ligament
49.	- the most frequently cited risk factor for pelvic organ prolapse	Vaginal Delivery
50.	- the most popular types of pessaries used	Silicon-Rubber Pessaries
51.	- the 2nd most common cause of female urethral incontinence	Urge Incontinence
52.	- the most common cause of urge incontinence	Idiopathic

53.	- the most commonly cause of vesicovaginal fistula (VVF) in developing countries	Obstetric Trauma: Occurring After Prolonged Compression of The Bladder between The Presenting Head & The Bony Pelvis (Necrotic VVF)
54.	- the most commonly cause of vesicovaginal fistula (VVF) in developed countries	Pelvic Surgery Trauma
55.	- the most ominous presenting symptoms of endometriosis	Pain (Dysmenorrhoea, Chronic Pelvic Pain, and Dyspareunia) and Infertility
56.	- the common sites of endometriosis	The Ovaries & The Pelvic Peritoneum especially that Covering the Pouch of Douglas, the Uterosacral Ligaments, and the Fallopian Tubes
57.	- the commonest benign tumours of the female genital organs	Uterine Leiomyomas (Fibroid)
58.	- the commonest change in fibroid	Hyaline Degeneration
59.	- the common site of necrosis in fibroid	Tip of Fibroid Polyp
60.	- the commonest presentation of fibroid	Menorrhagia
61.	- The commonest approach of myomectomy	Abdominal Myomectomy
62.	- the commonest and safest route for surgery for hysterectomy	Abdominal Hysterectomy
63.	- the commonest type of urinary incontinence occurring in the female	Urethral Incontinence
64.	- the commonest symptoms of urge incontinence	Urgency (Sudden Desire to Void), Frequency (Urination 7 or More Times a Day), & Nocturia (Waking More than Once at Night to Void)
65.	- the commonest types of fistula encountered in gynaecologic practice	Vesico-Vaginal fistula (VVF) & Uretro-Vaginal Fistula (UVF)
66.	- the commonest procedure complicated by VVF fistulas	Hysterectomy
67.	- the commonest causes of perineal laceration	Bad Management of the 2nd Stage of Labour
68.	- the commonest cause of a recto-vaginal fistula	Obstetric Trauma
69.	- the commonest approach for repair of enterocele	Vaginal Repair
70.	- the most common type of RVF	Congenital RVF
71.	- the best choice in treatment of cases with pelvic adhesions and / or endometriomas	Surgical
72.	- the best position to put the patient in to see the urine escaping from the fistula or not	Sims' Position
73.	- the gold standard in treatment of urodynamic stress incontinence	Surgery
74.	- the gold standard in the diagnosis of uterine leiomyomata	Pelvic U/S (TAS-TVS)

75.	- the gold standard for diagnosis of endometriosis	Laparoscopy
76.	- the first desire to void at	150-200 ml
77.	- the most preventable gynaecologic cancer	Carcinoma of the Cervix
78.	- the most common cancer of the female genital tract	Endometrial Carcinoma
79.	- the second most common cancer of the female genital tract	Carcinoma of the Cervix
80.	- the most prevalent in cervical cancer cases and in general population	HPV types 16, 18, 45, & 31
81.	- the commonest presentation of invasive cervical cancer	Contact Bleeding
82.	- the second most common presentation of invasive cervical cancer	Metrorrhagia or Post-Menopausal Bleeding
83.	- the most curable gynaecologic cancer	Endometrial Carcinoma (EC)
84.	- the most important factor in which treatment of Endometrial carcinoma depend on	Surgical Staging
85.	- the most common risk factor for endometrial carcinoma	Prolonged Exposure to Unopposed Estrogen
86.	- the most common presenting symptom for endometrial carcinoma	Post-Menopausal Bleeding (PMB)
87.	- the second most common presentation	Metrorrhagia
88.	- the single most important investigation of Endometrial Hyperplasia (EH)	Pelvic US; best performed (TVS)
89.	- the most commonly used method in national family planning programs in many developing countries	IUCD
90.	- the most commonly used type of IUCD	Copper IUD: (Cu T 380)
91.	- the most commonly used methods for contraception used world wide	Hormone Contraception
92.	- the most commonly used types of hormone contraception	OCP
93.	- the most effective method of contraception	COCs
94.	- the composition of The most commonly used injectable progestogen	Depot Medroxy Progesterone Acetate (DMPA)
95.	- the most frequently encountered causes for female infertility	Ovulatory Dysfunction, Tubal Damage & Peritoneal Adhesions
96.	- the single most important factor in anovulatory infertility	Age of female partner
97.	- the 2 most important prognostic factors in infertility evaluation	Age of the Female & Duration of Infertility
98.	- the commonest cause of Failure of sperm transport (through seminiferous tubules to ampulla of vasdeferens)	Bilateral Epididymal Obstruction: as with Gonorrheal Inflammation
99.	- the commonest cause for female infertility	Anovulatory Dysfunction
100.	- the commonest underlying etiology for ovarian causes of infertility	Decreased Hypothalamic GnRH Pulse Frequency & Amplitude
101.	- the commonest method used for female sterilization	Laparoscopic Tubal Occlusion
102.	- the commonest presentation of Endometrial Hyperplasia (EH)	Abnormal Uterine Bleeding (AUB)

103. - the commonest type of endometrial carcinoma	Adenocarcinoma (Endometrioid Carcinoma)
104. - the commonest complaint in peri-menopausal women with endometrial carcinoma	Metrorrhagia
105. - the commonest presenting symptom, in peri-menopausal women with endometrial carcinoma	Post-Menopausal Bleeding (PMB)
106. - the commonest stage encountered in treatment of endometrial carcinoma	STAGE 1
107. - the common sites for microscopic undetected metastases of endometrial carcinoma	Ovaries
108. - the age incidence for cancer cervix	between 45-55 Years
109. - the age incidence for endometrial carcinoma	between 55-65 Years
110. - the age incidence for CIN lesions	between 35-45 Years
111. - the best prognosis criteria for ICSI	Younger Females, with Absent Pelvic Pathology, and those with Mild Male Factor or Unexplained Infertility
112. - the best Timing of IUD insertion	by the End of Menstruation to Ensure a Slightly Dilated Cervix and Absence of Pregnancy
113. - the best microscopic histopathology of endometrial carcinoma in prognosis	Adenocarcinoma (Endometrioid Carcinoma)
114. - the best option as internal irradiation in case of cervical stump after subtotal hysterectomy	Involves External Beam Radio-Therapy (EBRT)
115. - the gold standard for diagnosis of cervical cancer	Biopsy from a Suspicious Cervical Lesion (Ulcer or a Friable Mass)
116. - the gold standard method for diagnosis of endometrial carcinoma	Fractional Curettage (FC)
117. - the single gold standard technique for diagnosis of endometrial hyperplasia	Endometrial Biopsy
118. - the gold standard in treatment of CIN	Cold Knife Conization
119. - the gold standard in diagnosis of uterine myomata, endometrial polyps, and associated adnexal masses	Pelvic US, especially Trans-Vaginal (TVS)
120. - the first line of treatment In stages IA & B cervical cancer	Surgery
121. - the first line of treatment In stages more advanced stages (IIB-III) cervical cancer	Radiotherapy
122. - the first line of treatment in the management of Endometrial hyperplasia without atypia	Synthetic Gestagen
123. - the first line COC	A Monophasic Pill containing 30-35 ug EE & a Progestogen (Levo-Norgestrel or Norethisterone)
124. - the first line of treatment in anovulatory infertility with intact hypothalamic pituitary axis and normal FSH (as in PCOS, LPD, and post pill anovulation)	Clomiphene Citrate (CC)
125. - the specific tumour marker for choriocarcinoma	β-hCG
126. - the COC with the slowest risk for Venous Thrombo-Embolicism (VTE)	A Monophasic Pill containing 30-35 ug EE & a Progestogen (Levo-Norgestrel or Norethisterone)

127. - the type of atypia with the highest malignant potential among all types of Endometrial hyperplasia	Complex Endometrial Hyperplasia
128. - the highest malignant potential in all benign cysts	Papillary Serous Cysts
129. - the lowest malignant potential in all epithelial tumours	Simple Serous Cysts
130. - the marker for epithelial ovarian cancer	CA-125
131. - the marker for dysgerminoma	LDH
132. - the marker for Endodermal Sinus Tumor "EST" or yolk sac tumour	Alpha-FetoProteins (AFP)
133. - the marker for mucinous carcinoma	CEA & CA 19-19
134. - the most common site for Squamous cell carcinoma of the vulva	Labia Majora
135. - the second most common functional (non neoplastic) cysts of the ovary	Corpus Luteum (CL) Cysts
136. - the most common germ cell tumour	Teratoma
137. - the 2nd most common benign ovarian neoplasms	Mucinous Cystadenomas
138. - the 3rd most common malignancy of female genital organs	Ovarian Cancer
139. - the commonest malignant neoplasms arising from the ovary	Epithelial Ovarian Cancers
140. - the most important physical sign in diagnosis of ovarian cancer	Palpation of a Pelvic Mass
141. - The most frequently used chemotherapeutic agents in Chemotherapy in ovarian cancer	Cisplatin or Carboplatin alone or in Combination with Paclitaxel (Taxol)
142. - the commonest tumours occurring in pt. with abnormal gonads and in sex chromatin negative females	Germ Cell Tumours
143. - the commonest malignant germ cell tumour although	Dysgerminoma
144. - the second most common malignant germ cell tumour of the ovary	Endodermal Sinus Tumor "EST" or Yolk Sac Tumour
145. - the primary site of metastasis of ovarian cancer (krukenberg tumour)	Pylorus of the Stomach
146. - the rarest of all ovarian tumours	Sertoli-Leydig Cell Tumours
147. - the rarest cancer in the female genital tract affecting the older females	Vaginal Cancers
148. - the gold standard diagnostic tool that can accurately detect pelvic masses of variable size and suggest their ovarian origin	Pelvic U/S (TAS-TVS)
149. - the gold standard in diagnosis of follicular cysts	Pelvic U/S (TAS-TVS)
150. - are the commonest functional (non neoplastic) cysts of the ovary	Follicular Cysts
151. - the most common trisomy	Down Syndrome (Trisomy 21)
152. - the commonest cause in the reproductive period for pelvi-abdominal swelling	Normal Pregnancy
153. - the best cells used for karyotyping	Lymphocytes or Fibroblasts
154. - the best sites for barr body to appear	Polymorphnuclear Leucocytes, Buccal or Rectal Epithelial Smears

155. - the name of “ductus venosus” when it obliterated after birth	Ligamentum Venosum
156. - the name of “ductus arteriosus” when it obliterated after birth	Ligamentum Arteriosum
157. - the name of “The umbilical vein” when it obliterated after birth	Ligamentum Teres
158. - the name of “hypogastric arteries” when it obliterated after birth	Hypogastric Ligaments
159. - the trimester when the most of weight gain occurs	3rd Trimester
160. - the commonest cause of maternal mortality	Post-Partum Haemorrhage (PPH)
161. - the time to completion of 1st meiotic division	at Ovulation
162. - the time to corona radiata & cumulus oophorus to appear	at Ovulation
163. - the time to completion of 2nd meiotic division	at Fertilization
164. - the single most important line of management of threatened abortion	Physical & Mental Rest
165. - the most common anomalies	Autosomal Trisomies; including 13,16,18,21 & 22
166. - the most successful treatment of incompetent cervix	Cervical Cerclage Operations (McDonald's Operation)
167. - the most common aneuploids	trisomies 21, 18 & 13
168. - the single most common cause for early pregnancy losses	Chromosomal Abnormalities
169. - the trimester where the Recurrent Pregnancy Loss occurs most	1st Trimester
170. - the most common site for implantation in ectopic pregnancy	Fallopian Tube mostly “Ampulla”
171. - the most common method of management for ectopic pregnancy	Surgical
172. - the most commonly encountered benign form of GTD	Hydatidiform “Vesicular” Mole
173. - the most common presenting symptom in the first trimester for molar pregnancy	Recurrent Mild Vaginal Bleeding
174. - the type of pregnancy which most likely follows a molar pregnancy	Normal Pregnancy
175. - the most common site for metastasis in gestational choriocarcinoma	The Lungs
176. - the most common form of GTT	Non Metastatic
177. - the most appropriate choice in the majority of cases of severe APR	Caesarean Section C.S.
178. - the common presentation, in concealed accidental haemorrhage	Patient in Shock
179. - the most commonly used single agent chemotherapy drug in non metastatic GTT	Methotrexate (MTX)
180. - the rarest type of ectopic pregnancy	Advanced Extra-Uterine Pregnancy
181. - the best time to measure Maternal Serum Alpha Fetoprotein (MSAFP)	between 16-18 Weeks
182. - the best choice in early cases of undisturbed tubal ectopic pregnancy, espec. with a small tubal mass (<2.0 cm)	Laparoscopic Salpingostomy
183. - the best option for treatment of hypofibrinogenaemia	Fresh Blood
184. - The best fluid in management of hyper-emesis gravidarum	Normal Saline
185. - the gold standard in diagnosis of PL PRV	Ultrasonography (U.S.)

186. - the gold standard in diagnosing the cause of APH	Ultrasonography (U.S.)
187. - the gold standard in diagnosis of molar pregnancy	Ultrasonography (U.S.)
188. - the gold standard in evacuating molar pregnancies	Dilatation and Suction Evacuation
189. - the gold standard test in diagnosis of ectopic pregnancy	Absence of Intrauterine GS with Serum β-hCG Levels Above the Discriminatory Zone
190. - the 1st choice drug in medical induction of 2nd trimester abortion	Prostaglandin E (Misoprostol 200 ug tablet)
191. - the markers for foetal birth defects and chromosomal anomalies	Maternal Serum Alpha FetoProtein (MSAFP)
192. - the component of The Double Marker Test (DMT)	Combining Maternal Serum hCG with Pregnancy Associated Plasma Protein A (PAPP- A)
193. - the component of The Triple Marker Test (TMT)	Combination of Maternal Serum Alpha FetoProtein (MSAFP), hCG, & Unconjugated Oestriol (uE3)
194. - the most common route of infection in pyelonephritis during pregnancy	Blood Borne
195. - the second most common cause of maternal mortality in Egypt	HTN Disorders (Pre-Eclampsia & Eclampsia)
196. - the most commonly used drug as antihypertensive for treatment of Pre-Eclampsia	Alpha Methyl Dopa (Aldomet), in a dose of 250 mg t.d.s.
197. - the most important condition which mimics eclamptic fits	Epileptic seizures
198. - the most important complication chronic hypertension in pregnancy	Development of Superimposed Preeclampsia on Top of Chronic Hypertension
199. - the most common anomalies with diabetes on pregnancy	VSD & Open Neural Tube Defects
200. - the most specific anomaly with diabetes on pregnancy	Caudal Regression Syndrome
201. - the most cardiac disease associated with pregnancies in the developing countries	Rheumatic Heart Valve Diseases
202. - the most cardiac disease associated with pregnancies in the developed countries	Congenital Heart Disease
203. - the Best drug to be used in Control of eclamptic fits	Magnesium Sulfate (MgSO₄)
204. - the Best Route for administration of Magnesium Sulfate (MgSO ₄) in way to control of eclamptic fits	I.V.
205. - the best drug used to control hypertension with pregnancy	I.V. Hydralazine or I.V. Labetalol
206. - the most important sign for onset of labour	Cervical Effacement & Dilatation
207. - the most common and most favorable type of female pelvis for delivery	Gynecoid Pelvis
208. - the commonest form of erythroblastosis foetalis	Icterus Gravis Neonatorum
209. - the commonest cause of non-engagement in the last 4 weeks in the primigravida	Occipito-Posterior (OP) Position
210. - the best & safest line of management for both mother & foetus in occipito-posterior (OP) position	Caesarean Section C.S.
211. - the safest available option to avoid obstructed labour in mento-posterior position	Caesarean Section C.S.
212. - the best and safest line of management in case of brow presentation	Caesarean Section C.S.
213. - the commonest and safest method used in vaginal breech delivery	Assisted Breech Delivery (Partial Breech)

214. - the safest method of delivery in shoulder presentation	Caesarean Section C.S.
215. - the safest method of delivery in cord presentation	Caesarean Section C.S.
216. - The first choice for instrumental delivery POP or DTA	The vacuum extractor (ventouse)
217. - the commonest cause of occipita posterior (OP)	Narrow Fore-Pelvis & Wider Hind-Pelvis
218. - the commonest position in face Presentation	LMA
219. - the Most Common Cause of Face Presentation	Idiopathic
220. - the commonest cause for Breech Presentation	Prematurity (*after Idiopathic)
221. - the commonest cause of foetal mortality in vaginal breech delivery	Intracranial Haemorrhage
222. - the commoner type of twins	Dizygotic
223. - the most common site of adherent in conjoined twins	Thoracopagus
224. - the most effective pain relief for regional analgesia during labour	Epidural Analgesia
225. - the most accurate method used for assessment of the size of the foetal head both during pregnancy or during the 1st stage of labor	Ultrasonography (U.S.)
226. - the most causes of rupture of the uterus in developed countries	Rupture Previous C.S. Scar during a Trial of Vaginal Birth After C.S. (VBACS)
227. - the most causes of rupture of the uterus in developing countries	Obstructed Labour, Inappropriate Use of Instrumental Delivery & Abuse of PGs & Oxytocin
228. - the most common injuries at delivery	Lacerations of the Perineum & Vagina, followed by Cervical Lacerations
229. - the commonest uterine scar to rupture	C.S. Scar
230. - the best option for management in obstructed labour	Caesarean Section
231. - the best pelvimeter for the pelvis	The Head of Foetus
232. - the safest choice for management in obstructed labour	Immediate C.S. with Least Possible Manipulations
233. - the 1st choice for C.S. analgesia during labour	Subarachnoid (Spinal) Anaesthesia
234. - the most dangerous pattern of Decelerations in FHR	Late Decelerations
235. - the best chance for foetal survival in cases with placental insufficiency offers by	Delivery by CS
236. - the best available method for Intra-partum Foetal Surveillance (IFS) to detect it	the Use of Continuous External Electronic FHR Monitoring
237. - the most common risk factor for foetal macrosomia	Maternal Diabetes
238. - the most common cause of septic shock	Endotoxin Producing by Entero-Bacteriaceae Family especially E. coli

239. - the common causes of disseminated intravascular coagulation	Massive Blood Loss, Placental Abruption & Severe Pre-Eclampsia/Eclampsia or HELLP Syndrome
240. - the commonest cause for PPH	Uterine Atony
241. - the most important preventive measure for PPH	Proper Management of the 3rd Stage of Labour
242. - the most accurate method in detecting foetal hypoxia	Foetal Blood Sampling (FBS)
243. - the most severe forms of IUGR come from	Chromosomal Abnormalities
244. - the most dangerous sign of Intra-Uterine Asphyxia (IUFA) - Foetal Distress (FD)	Bradycardia (FHR <100 bpm)
245. - the most common cause of oligo-hydramnios	Foetal Congenital Anomalies: Renal Anomalies
246. - the most important effect of poly-hydramnios	Preterm Labour
247. - the most likely mechanism of infection for chorioamnionitis after PROM	Ascending Infection
248. - the commonest cause of post-term pregnancy	Inaccurate or Unknown LMP
249. - the commonest cause of Acute hydramnios	Uniovular Twins & Foetal Anomalies
250. - the biochemical markers of chorioamnionitis	Positive C-reactive Protein in Maternal Serum (Normal 0-2)
251. - the time of 1st post-natal visit	After 2 Weeks
252. - the most common causative organisms of puerperal sepsis	Anaerobic Streptococci
253. - the commonest primary site of puerperal sepsis	The Uterus
254. - the most common serious complications of the Puerperium	Pelvic Infections
255. - the most important sources of infection of puerperal sepsis	Exogenous from Attendants by Droplet Infection or from Unsterilized Instruments
256. - the most serious complication of puerperal sepsis	Septicemia
257. - the most common indication of C.S.	Previous C.S.
258. - the most common cause in multipara for C.S.	Macrosomia
259. - the most commonly performed incision of C.S.	Transverse Suprapubic Incision (Pfannensteil incision)
260. - the most common cause in primigravida for C.S.	Contracted Pelvis
261. - The best time to perform episiotomy	When the Head is Visible during a Contraction to a Diameter of 3 to 4 cm (Just Before Crowning)
262. - the least commonly encountered Benign Ovarian Neoplasms	Sex Cord Stromal Tumours
263. - the only standard method for staging of ovarian cancer	Surgical Staging via Laparotomy
264. - the commonest medical disorder in pregnancy	Anaemia
265. - the 1st line method for investigating a suspected case of DVT during pregnancy	Colour Doppler Ultrasound

What is the **Gold Stander** for

- the gold standard in diagnosis of PL PRV	Ultrasonography (U.S.)
- the gold standard in diagnosing the cause of APH	Ultrasonography (U.S.)
- the gold standard in diagnosis of molar pregnancy	Ultrasonography (U.S.)
- the gold standard diagnostic tool that can accurately detect pelvic masses of variable size and suggest their ovarian origin	Pelvic U/S (TAS-TVS)
- the gold standard in diagnosis of follicular cysts	Pelvic U/S (TAS-TVS)
- the gold standard in the diagnosis of uterine leiomyomata	Pelvic U/S (TAS-TVS)
- the gold standard in diagnosis of DUB	Pelvic U/S (TAS-TVS)
- the gold standard in diagnosis of uterine myomata, endometrial polyps, and associated adnexal masses	Pelvic US, especially Trans-Vaginal (TVS)
- the gold standard in diagnosis of EH in cases DUB due to metropathia haemorrhagica	Endometrial Biopsy
- the gold standard in diagnosis of endometrial hyperplasia and carcinoma in menopausal women presenting with postmenopausal bleeding	Endometrial Biopsy
- the single gold standard technique for diagnosis of endometrial hyperplasia	Endometrial Biopsy
- the gold standard for diagnosis of endometriosis	Laparoscopy
- the gold standard to confirm the diagnosis of AIDS	Laparoscopy
- the only standard method for staging of ovarian cancer	Surgical Staging via Laparotomy
- the gold standard in premalignant endometrial & cervical lesions as EH and CIN in the menopause	Hysterectomy
- the gold standard in treatment of urodynamic stress incontinence	Surgery
- the gold standard for diagnosis of cervical cancer	Biopsy from a Suspicious Cervical Lesion (Ulcer or a Friable Mass)
- the gold standard method for diagnosis of endometrial carcinoma	Fractional Curettage (FC)
- the gold standard in treatment of CIN	Cold Knife Conization
- the gold standard in evacuating molar pregnancies	Dilatation and Suction Evacuation

What is the **Position** for

- inspection of the vulva	Lithotomy Position
- IUD insertion	Lithotomy Position
- dilatation of the cervix	Lithotomy Position
- delivery (2nd stage)	Lithotomy Position
- Assisted Breech Delivery (Partial Breech)	Lithotomy Position
- cough stress test: eliciting involuntary escape of urine through the urethra during cough while the bladder is partially filled	Erect or Better Lithotomy Position
- hysteroscopy	Modified Dorsal Lithotomy Position
- laparoscopy	Trendelenberg Position
- External Cephalic Version (ECV)	Trendelenberg Position
- pregnant woman to rest in bed If the membranes are ruptured	Lateral Position
- management of pelvic heaviness or sensation of dragging caused by the weight of the uterus on the pelvic support & the abdominal wall	Lateral Position
- bed rest in management of mild pre-eclampsia	Left Lateral Position
- management of foetal distress during labour to turn the mother to it	Left Lateral Position
- delivery in cardiac patients	Semi-Sitting Position
- Pinard's method in case of CPD in primigravida for evaluation	Semi-Sitting Position with the Bladder Empty
- promotion of drainage: in management of puerperal sepsis	Fowler's Position (Semi-Sitting with Flexed Knees)
- inspection of the anterior vaginal wall in vesicovaginal fistula (VVF)	Sims' Position
- detection of shelving in	Standing Position
- Muller-Kerr method in case of CPD in primigravida for evaluation	Dorsal Position with the Bladder Empty
- upper injury (Erb's palsy): injury to C5 & C6	Policeman tip position 1. The Affected Limb is Adducted to the Body & Internally Rotated 2. Elbow is Extended 3. Wrist is Flexed
- treatment of Erb's palsy (to keep muscles in)	Fixation of the Affected Limb in Pharaoh's Position
- management of patient with Hypovolemic shock	Position with Legs Slightly Elevated

What is the **Maneuver** for

- common and systematic way to determine the position of a fetus inside the woman's uterus (Abdominal Examination) • For determination of the frequency, duration and intensity of uterine contraction • To determine the lie, presentation and position of the presenting part • Engagement of the presenting part • F.H.S. (site, rate, rhythm): The foetal heart sounds should be checked especially at the end of a contraction and immediately thereafter, to identify pathological slowing of the heart rate	Leopold's Maneuvers 1st maneuver: Fundal Grip 2nd maneuver: Umbilical Grip 3rd maneuver: Pawlick's Grip 4th maneuver: Pelvic Grip
- control of extension of the fetal head during labour	Ritgen Maneuver
- control cord traction and supra-pubic pressure) to deliver the placenta in case of retained placenta	Brandt-Andrews Maneuver

What is the **Race** Specific for

- Osteoporosis	White Race
- Epithelial Ovarian Cancer	White Race
- Leiomyomas (Fibroid)	Dark Race (Africans)
- Dizygotic Twins	Dark Race (Africans)
- Hydatidform "Vesicular" Mole	Asian Race
- Placental Abruption	Caucasians & Africans

What is the **Epithelial Lining** of

- The Hymen	→	It is formed of connective tissue covered by Stratified Squamous Epithelium on both sides
- The Vagina	→	Stratified Squamous Epithelium
- Ecto-Cervix	→	Stratified Squamous Epithelium covering the outer portion of the cervix
- Endo-Cervix	→	Simple Columnar Epithelium with compound racemose glands or crypts
- Uterus "Endometrium" (Mucosa)	→	Simple Cubical or Columnar Epithelium and contains tubular glands
- The Isthmus	→	Low Columnar Epithelium and few glands
- The Fallopian Tube "Endosalpinx"	→	Columnar Partially Ciliated Epithelium
- The Ovary "The Cortex"	→	The surface epithelium: A Single Layer of Cuboidal Cells , called the Germinal Epithelium , covering the free surface of the ovary (NB: no peritoneal covering)

What is the Method for	
- detection of the Fetal Heart Sound (FHS)	• Intermittent by the sonicaid or Pinard stethoscope every 30 minutes • Continuous electronic FHR monitoring is indicated in high-risk cases
- control cord traction	Brandt-Andrews Method The Left Hand is Put Supra-Pubic & when the Uterus Contracts, the Uterus is Pushed Upwards. The other hand Exerts Gentle Traction on the Cord
- the commonest & safest method used in vaginal breech delivery	Assisted Breech Delivery (Partial Breech) The foetus is Allowed to be Delivered Spontaneously Until the Level of the Umbilicus, then the Obstetrician Assist in Delivery of the Shoulders & After Coming Head
- delivery of the after coming	Burns-Marshall's Method - The infant is Left Hanging, so that its Weight Exerts Gentle Traction - When the Occiput appears Under the Symphysis, the Infant is Held from the Feet & the Body is Lifted Towards the Mother's Abdomen *Fracture of the Cervical Spine may occur if its is done Before Appearance of the Occiput Mauriceau-Smellie-Veit Method • Jaw Flexion: done by the Left Hand: with 1 Finger put in the Mouth to Allow Flexion of the Head, or better 2 Fingers put on the Maxillae to Avoid Jaw Dislocation • Shoulder traction: done by the Right Hand: - The Index & Ring Fingers are Placed on the Shoulders from Behind, while the Middle Finger is Put on the Sub-Occipital Region, to Promotes Flexion - Traction is done Downward & Backwards till the Occiput appears under the SP, then Downward & Forward Kristiller Manoeuvre consists of Gentle Fundal Pressure During Uterine Contractions It is done by an Assistant to Help the Other Methods Because It Guides the Head into the Pelvis & Maintains Flexion of the Head
- evaluation of a primigravida pelvis, especially those with non engagement of the head near the end of 3rd trimester (> 36 weeks)	Pinard's Method • The patient is put in the Semi-Sitting Position with the Bladder Empty, to Bring the Foetus in the Axis of the Pelvic Inlet • The Operator Right Hand is Placed Over the Symphysis Pubis & the Left Hand Grasps the Fetal Head and Try to Push it Downwards & Backwards in the Pelvis • The Fingers of the Right Hand Placed Over the Symphysis Pubis can Determine the Degree of Disproportion Muller-Kerr Method • The Patient is Put in the Dorsal Position, with the Bladder Empty • The Index and the Middle Fingers of the Right Hand are Put in the Vagina to Perform the Steps of the Internal Pelvimetry & to Detect the Station of the Head in the Pelvis • The Thumb of the Right Hand is Put Over the SP to Determine Presence of Any Disproportion • The Head is Grasped by the Left Hand & is Pushed Downwards into the Pelvis
- delivery of retained placenta	Crede's Method The Fundus of the Uterus is Grasped with 4 Fingers Behind & the Thumb in Front to Squeeze the Placenta The Fundus is then Pushed Downwards and Backwards to Expel the Placenta
- detection foetal hypoxia	Foetal Blood Sampling During labour (FBS)

What is the **Age** of

- the vaccine for HPV is effective when given in age groups	9-26 Years
- dysgerminoma occurs predominantly in young females	10-30 Years
- peak growth velocity	11 Years
- average age of onset of first menstruation (menarche) in Egypt	12.5 Years
- pubertal changes complete	12-14 Years
- puberty is considered delayed if no secondary sexual characters are noted by	13-14 Years
- 1ry amenorrhoea considered if menstruation has never occurred with no growth / development of the 2ry sexual characteristics by	14 Years
- Immature teratoma (malignant solid teratoma) characteristically occurs in	< 15 Years (Children)
- growth cessation	15 Years
- puberty is considered delayed if menses is still absent by	15-16 Years
- 1ry amenorrhoea considered if menstruation has never occurred regardless the development of the 2ry sexual characteristics by	16 Years
- Endodermal Sinus Tumor (EST) or yolk sac tumour is prevalent in young women with a median age of	19 Years
- benign cystic teratoma almost 50% of ovarian neoplasms occurring in	< 20 Years
- sertoli-leydig cell tumour occurring mostly in young women at	20-30 Years
- young sexually active females which is risk factor for STDs	< 25 Years
- maternal age related risk for Down syndrome is nearly 1/600 at age	< 25 Years
- age group which is at high risk of PID	25-35 Years
- Endometriosis affects women mostly at	25-35 Years (Mid Reproductive Ages)
- CIN usually affects women in	25-45 Years
- germ cell tumours occurring mostly in	< 30 Years
- Malignant germ cell tumours occur at a group of women in	< 30 Years
- 2ry dysmenorrhoea mostly occur at	30-35 Years
- the incidence of prolapse doubles every decade of life between	30-60 Years
- fibroid affect 20% of women at	> 30 Years
- ovarian cancer is generally rare at	< 35 Years
- the mean age at diagnosis of AIDS infection	35 Years
- fertility declines rapidly after	35 Years
- Leiomyomata are more prevalent among women at age groups	35-45 Years
- relative contraindication of OCP at	> 35 Years
- elderly Primigravida is a Primigravida whose age is	> 35 Years
- prenatal diagnosis of fetal anomalies is indicated when mother age is	> 35 Years

- incidence of placenta praevia reaches > 1% at ages	> 35 Years
- age which is a risk factor for development of DVT/pre eclampsia during pregnancy	> 35 Years
- maternal age related risk for Down syndrome is nearly 1/100 at age	39 Years
- premature menopause: menopause occurring before the age of	40 Years
- fertility declines more sharply after	40 Years
- Premature ovarian failure occurs due to early exhaustion of ovarian primordial follicles before the age of	40 Years
- COC is contraindicated	> 40 Years
- increased risk of Hydatidiform mole 5-10 times with advanced maternal age	> 40 Years
- Age which is the risk factor for development of malignant GTT	> 40 Years
- Risk of placental abruption increases with advancing maternal age > 2.5 times at ages	> 40 Years
- Squamous Vulvar Intraepithelial Neoplasia almost half of the cases are at	< 41 Years
- maternal age related risk for down syndrome is nearly 1/20 at age	44 Years
- endometrial carcinoma is more liable to develop at	< 45 Years
- SUI encountered in around 5% of females	< 45 Years
- menopause usually occurs between	45-55 Years
- cancer cervix is commonly between	45-55 Years
- SUI nearly 10% of females at	45-60 Years
- (average age at menopause	47-52 Years
- ovarian cancer significantly increase by advancing age especially with a peak at	50-70 Years
- menopause median age	51.4 Years
- in ovarian cancer the majority of cases are diagnosis at	55-65 Years
- The mean age at diagnosis of epithelial cancer of the ovary	59 Years
- adenocarcinoma occurring in postmenopausal women at a mean age of	60 Years
- mean age at diagnosis of squamous cell carcinoma of the vulva	65 Years
- SUI more than 30% in women at	> 65 Years